



VHA RESEARCH & DEVELOPMENT LETTER OF INTENT COVER PAGE

1. RESEARCH AND DEVELOPMENT SERVICE		2. IS THIS LOI QHZ <input type="checkbox"/> OR UHLVHG <input type="checkbox"/>	
<input type="checkbox"/> COOPERATIVE STUDIES PROGRAM		IF REVISED, INDICATE PREVIOUS LOI NUMBER	
<input type="checkbox"/> HEALTH SERVICES R&D SERVICE		3. PROGRAM AND LEVEL	
<input type="checkbox"/> MEDICAL RESEARCH SERVICE		<input type="checkbox"/> MERIT REVIEW	
<input type="checkbox"/> REHABILITATION R&D SERVICE		<input type="checkbox"/> RESPONSE TO SPECIFIC ANNOUNCEMENT Title and Number (if applicable) _____	
		<input type="checkbox"/> CAREER DEVELOPMENT	
		<input type="checkbox"/> Research Career Development	
		<input type="checkbox"/> Advanced Research Career Development	
		<input type="checkbox"/> Career Development Enhancement	
		<input type="checkbox"/> OTHER (specify)	
4. PROJECT TITLE <i>(Be succinct and descriptive. May not exceed 72 characters, including spaces. Use bold type.)</i>			
5. PRINCIPAL INVESTIGATOR			
LAST NAME, FIRST NAME		DEGREE(S)	
MAIL CODE	VA TITLE, GRADE	% VA ('8ths')	
ACADEMIC AFFILIATION		ACADEMIC RANK	
FULL ADDRESS FOR EXPRESS OR COURIER DELIVERY			
TELEPHONE	FAX	E-MAIL	
RESEARCH SITE <i>(Specify VA or Other)</i>			
6. ASSOCIATE CHIEF OF STAFF <i>(or Coordinator for R&D)</i>			
NAME		TITLE	
MEDICAL CENTER			
TELEPHONE		SIGNATURE	
FAX	SIGNATURE		DATE
E-MAIL			
7. MEDICAL CENTER DIRECTOR			
NAME		SIGNATURE	DATE